

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	20205	7-7-99
O.I.P.E. CLASSIFIER		5	7-12-99
FORMALITY REVIEW	M.M.	71628	7-21-99

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	11/2/92
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	✓
25	✓
26	✓
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	N
45	N
46	N
47	N
48	N
49	N
50	N

Claim	Date
Final	
Original	8/1/92
51	N
52	N
53	N
54	N
55	N
56	N
57	N
58	N
59	N
60	N
61	N
62	N
63	N
64	N
65	N
66	N
67	N
68	N
69	N
70	N
71	N
72	N
73	N
74	N
75	N
76	N
77	N
78	N
79	N
80	N
81	N
82	N
83	N
84	N
85	N
86	N
87	N
88	N
89	N
90	N
91	N
92	N
93	N
94	N
95	N
96	N
97	N
98	N
99	N
100	N

Claim	Date
Final	
Original	
101	
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If more than 150 claims or 10 actions  
 staple additional sheet here